Under the P	aperwork Reduction Act of	1995. go person are required	U. to respond to a	S. Patent and 1	Frademar	ed for use through rk Office; U.S. Di n unless it displa	h 06/30/2010. C EPARTMENT O	F COMMERCE	
				respond to a collection of information unless it displays a valid OMB control number. Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).). Applicati	Application Number 09			9/731,899-Conf. #1183		
FEE TRANSMITTAL			Filing Da	Filing Date D		ecember 8, 2000			
For FY 2008			First Nar	First Named Inventor B		enjamin Chain			
FUI F1 2000			Examine	Examiner Name R		R. P. Swartz			
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 1		645			
TOTAL AMOUNT OF PAYMENT (\$) 825.00			Attorney	Attorney Docket No. 2		0555/1203433-US1			
METHOD O	PAYMENT (check	all that apply)							
Check X Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application T					e (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>	
Utility	310	155 51	-	-	10	105			
Design	210	105 10	-		30	65			
Plant	210	105 31		-	.60	80			
Reissue	310	155 51	-	-	520	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM FEESSmall EntityFee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)210105Multiple dependent claims370185									
		Fee (\$) Fe	Paid (\$) Mul			Itiple Dependent Claims			
	-30 = x		or ala (v)	_	Fee (\$)		Fee Paid (\$)	
HP = highest num	ber of total claims paid for,	if greater than 20.		_		_ - 			
Indep. Claims 2 HP = highest num	Extra Claims - 3 = X ber of independent claims	=	e Paid (\$)	_					
listings und	ation and drawings ex ler 37 CFR 1.52(e)), t	ceed 100 sheets of pap he application size fee 5 U.S.C. 41(a)(1)(G) an	due is \$260 (\$130 for sm				ı	
Total Shee						Fee (\$)	Fee F	Paid (\$)	
- 100 = /50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2253 Extension for response within third month 2401 Notice of appeal								555.00 270.00	
SUBMITTED BY									
Signature	/Mitchell Bernstein	1	Registration (Attorney/Age		550	Telephone	(212) 527	7-7700	
Name (Print/Type)						Date October 29, 2008			